Document Description: Petition to withdraw attorney or agent (SB83)

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REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
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Application Number	09/578,998				
Filing Date	May 25, 2000				
First Named Inventor	Kaori Inoue				
Art Unit	2881				
Examiner Name	Paul M. Gurzo				
Attorney Docket Number	NI/A				

To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450								
Please withdraw me as attorney or agent for the above identified patent application, and								
all the practitioners of record:								
the practitioners (with registration numbers) of record listed on the attached paper(s); or								
the practitioners of record associated with Customer Number30076								
NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number								
The reason(s) for this request are those described in 37 CFR:								
10.40(b)(1) 10.40(b)(2) 10.40(b)(3)								
10.40(c)(1)(ii) 10.40(c)(1)(iii) 10.40(c)(1)(iii) 10.40(c)(1)(iii)								
10.40(c)(1)(v) 10.40(c)(2) 10.40(c)(3)								
10.40(c)(4) 10.40(c)(5) 10.40(c)(6) Please explain below:								
Certifications								
Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.								
We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.								
I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.								
I/We have notified the client of any responses that may be due and the time frame within which the client must respond.								
Please provide an explanation, if necessary:								

[Page 1 of 2]

This collection of information is required by 37 CFR 1.36. The information is sequered to collect on or retain a benefit by the public winks is to file (and by the USFTO to process) an application. Confidentiality is geometred by \$1.05. C.122 and \$7.05 CR 1.31 and 1.14. In secondary in elementar to task of members to compare, including gathering, expairing, and submitting the complete application from to the USFTO. Time will vary depending upon the including case, Any common the amount off time you require to complete the form andres' supplements for including this burster, should see sent to the Chief Information Officer, U.S. Peatent and Trademank Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria. Via 2231-1450, D.D. NI SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionator for Partners, P.O., Box 1450, Alexandria. Via 2231-1450, D.D. NI SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionator for Partners, P.O., Box 1450, Alexandria. Via 2231-1450, D.D. NI SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FOR COMPLETED FORMS TO THIS ADDRESS. SEND FOR COMPLETED FORMS TO THIS ADDRESS. SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FOR COMPLETED FORMS TO THIS ADDRESS. SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEED FOR COMPLETED FORMS TO THIS ADDRESS. SEND FEED FOR COMPLETED FORMS TO THIS ADDRESS. SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEED FOR COMPLETED FORMS TO THIS ADDRESS. SEND FEED FOR COMPLETED FORMS TO THIS ADDRESS. SEND FEED FOR COMPLETED FORMS TO THIS ADDRESS. SEND FEED FORMS TO THIS ADDRESS. SEND FEED FOR COMPLETED FORMS TO THIS ADDRESS. SEND FEED FOR COMPLETED FORMS TO THIS ADDRESS. SEND FEED FORMS TO THIS ADDRESS. SEND FEED FOR COMPLETED FOR FEED FOR COMPLETED FOR COMPLETED FOR COMPLETED FOR COMPLETED FOR

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Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.									
Change the correspondence address and direct all future correspondence to:									
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I am authorized to sign on behalf of myself and all withdrawing practitioners.									
Signature Rent for									
Name	Name Robert Kovelman					Registration No. 51,897			
Address 2121 Avenue of the Stars, Suite 2800									
City Los A	ngeles		State CA			Zip 90067		Country United States	
Date November 4, 2008				Telephone No. (310) 734-3200					

NOTE: Withdrawal is effective when approved rather than when received.

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This collection of information is required by 37 CPR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CPR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application from the USPTO. Time will vary depending upon the individual group on the individual group in the ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.